



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BAYLOR SURGICARE AT OAKMONT
7200 OAKMONT BLVD
FORT WORTH TX 76132

Respondent Name

INDEMNITY INSURANCE CO OF NORTH
AMERICA

Carrier's Austin Representative Box

Box Number 15

MFDR Date Received

AUGUST 4, 2011

MFDR Tracking Number

M4-11-4614-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Each procedure was performed in separate rooms by two different physicians and with different equipment. The block was given was to control post operative pain...Based on NCCI edit list, the nerve block coded 64415-59 is reimbursable because it was given by a different doctor that performed the procedure."

Amount in Dispute: \$343.85

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a position summary in the dispute packet.

Response Submitted by: Downs & Stanford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 21, 2011	ASC Services for Code 64415-LT-SG	\$343.85	\$0.00
TOTAL		\$343.85	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.402, titled *Ambulatory Surgical Center Fee Guideline*, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97-Charge included in another charge or service.
- R89-CCI; Misuse of Column 2 with Column 1 code, Ambulatory Surgical Center (ASC) Facility Service.
- 193-Original payment decision is being maintained.
- LT-Left Side
- SG-Ambulatory Surgical Center (ASC) Facility Service.

Issues

1. Is code 64415 a separate procedure from code 23120-SG-LT?
2. Did the requestor bill with the appropriate modifier? Is the requestor entitled to reimbursement for code 64415?

Findings

1. The respondent denied reimbursement for code 64415 based upon reason codes "97 and R89."

CPT code 64415 is defined as "Injection, anesthetic agent; brachial plexus, single."

28 Texas Administrative Code §134.402(d) states " For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section."

The requestor states in the position summary that "Each procedure was performed in separate rooms by two different physicians and with different equipment. The block was given was to control post operative pain...Based on NCCI edit list, the nerve block coded 64415-59 is reimbursable because it was given by a different doctor that performed the procedure."

Per the National Correct Coding Initiatives (NCCI) Policy Manual, Chapter 2, states "Pain management performed by an anesthesia practitioner after the postoperative anesthesia care period terminates may be separately reportable. However, postoperative pain management by the physician performing a surgical procedure is not separately reportable by that physician. Postoperative pain management is included in the global surgical package."

A review of the operative report indicates that the surgical procedure was performed by Dr. Luiz Toledo, and the nerve block for post op pain management was performed by Dr. Philip Lubrano.

The Division concludes that per NCCI Policy Manual the postoperative pain management injection was a separate reportable procedure from code 23120-SG-LT.

2. Per NCCI Policy Manual, Chapter 2, "CPT codes 64400-64530 (Nerve blocks) may be reported on the date of surgery if performed for postoperative pain management. Nerve block codes should not be reported separately on the same date of service as a surgical procedure if used as the primary anesthetic technique or as a supplement to the primary anesthetic technique. Modifier 59 may be utilized to indicate that a nerve block injection was performed for postoperative pain management, rather than intraoperative anesthesia, and a procedure note should be included in the medical record."

A review of the submitted medical bills finds that the April 22, 2011 and June 3, 2011 do not include the modifier -59 appended to code 64415-SG-LT.

The requestor submitted for review a bill dated August 2, 2011 for code 64415-SG-LT-59.

On August 4, 2011, the Division received this request for dispute resolution. The requestor did not submit documentation to support that the respondent had received or audited the August 2, 2011 bill.

The Division concludes that the requestor did not bill for the disputed service in accordance with NCCI Policy Manual prior to dispute resolution. As a result, reimbursement cannot be recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports the reimbursement amount sought by the requestor. The Division concludes that the requestor did not support position that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	05/28/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.